|  | <u></u>   | · · · · · · · · · · · · · · · · · · ·     |                                    | SLA                    | VAIL                         | ARLE C                              | UPY    | <b>~</b>                     |                        |            | . ,                 |                        |  |  |
|--|---|---|------------------------------------|------------------------|------------------------------|-------------------------------------|--------|------------------------------|------------------------|------------|---------------------|------------------------|--|--|
| -  |   |   |                                    |                        |                              |                                     |        | Application or Docket Number |                        |            |                     |                        |  |  |
| PATENT APPLICATION FEE DETERMINATION RECOR   |   |   |                                    |                        |                              |                                     |        |                              | ID /www                |            |                     |                        |  |  |
| Effective October 1, 2001  1000577   |   |   |                                    |                        |                              |                                     |        |                              |                        |            |                     |                        |  |  |
| CLAIMS AS FILED - PART I   |   |   |                                    |                        |                              |                                     |        |                              | NTITY                  | OTHER THAN |                     |                        |  |  |
| _  |   |   | (Column                            | 1)                     | (Column 2)                   |                                     |        | TYPE                         |                        | OR         | SMALL ENTITY        |                        |  |  |
| TOTAL CLAIMS   |   |   | 1/                                 |                        |                              |                                     | R/     | TE                           | FEE                    | ]          | RATE                | FEE                    |  |  |
| FOR  |   |   | NUMBER FILED                       |                        | NUMBER EXTRA                 |                                     | BASI   | BASIC FEE                    |                        | OR         | BASIC FEE           | 740.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | // minus 20=                       |                        | •                            |                                     | X\$ 9= |                              |                        | OR         | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =                        |                        | *                            |                                     |        | X42=                         |                        | OR         | X84=                |                        |  |  |
| MU   | LTIPLE DEPEN                                    | DENT CLAIM PI                             | RESENT                             |                        |                              |                                     |        | 40=                          |                        | OR         | +280=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                                    |                        |                              |                                     |        | TAL                          | 370W                   | OR         | TOTAL               | 7                      |  |  |
|  | C   |   |                                    | <u> </u>               |                              | OTHER                               | THAN   |                              |                        |            |                     |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                                    |                        |                              |                                     | SM     | ALL                          | ENTITY                 | OR         | SMALL               |                        |  |  |
| AMENDMENT A  |   | CLAIMS REMAINING AFTER AMENDMENT          |                                    | NUM<br>PREVI           | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    | RA     | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | * 20                                      | Minus                              | **                     | 20                           | = .                                 | X\$ 9= |                              |                        | OR         | X\$18=              |                        |  |  |
|  | Independent                                     | • 3                                       | Minus                              | ***                    | 3                            | =                                   | X4     | 2=                           |                        | OR         | X84=                |                        |  |  |
| ┖  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                    |                        |                              |                                     |        |                              |                        |            |                     |                        |  |  |
|  |   |   |                                    |                        |                              |                                     |        | <del>1</del> 0=.             |                        | OR         | +280=               |                        |  |  |
|  |   |   |                                    |                        |                              |                                     |        | ADDIT. FEE                   |                        | OR         | TOTAL<br>ADDIT. FEE |                        |  |  |
|  |   | (Column 1) (Column 2) (Column 3)          |                                    |                        |                              |                                     |        |                              |                        |            |                     |                        |  |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | NUM<br>PREVI           | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    | RA     | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | *   | Minus                              | **                     |                              | =                                   | X\$    | 9=                           |                        | OR         | X\$18=              |                        |  |  |
|  | Independent                                     | *   | Minus                              | ***                    | T CL AIRA                    | -                                   | X4     | 2=                           |                        | OR         | X84=                |                        |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                    |                        |                              |                                     | +14    | 10=                          |                        | OR         | +280=               |                        |  |  |
|  |   |   |                                    |                        |                              |                                     |        | OTAL<br>FEE                  |                        | OR         | TOTAL               |                        |  |  |
|  |   |   |                                    |                        |                              |                                     |        |                              |                        |            | ADDIT. FEE          |                        |  |  |
|  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |   |                                    |                        |                              |                                     |        |                              | ADD: 1                 |            |                     | 400:                   |  |  |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                    | PREVI                  | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA                    | RA     | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | *   | Minus                              | **                     |                              | 8                                   | X\$    | 9=                           |                        | OR         | X\$18=              |                        |  |  |
|  | Independent                                     | *   | Minus                              | ***                    |                              | s                                   | X4     | 2=                           |                        | OR         | X84=                |                        |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                    |                        |                              |                                     |        |                              |                        | <b>υ</b> Γ |                     |                        |  |  |
| +140= (  |   |   |                                    |                        |                              |                                     |        |                              |                        |            | +280=               |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |   |                                    |                        |                              |                                     |        |                              |                        |            |                     |                        |  |  |
| ***  | 'if the "Highest Nu<br>The "Highest Nun         | mber Previously P<br>nber Previously Pa   | aid For" IN TH<br>id For" (Total o | is space<br>r Independ | is less that<br>lent) is the | ın 3, enter "3."<br>e highest numbe |        | _                            | propriate box          |            |                     |                        |  |  |